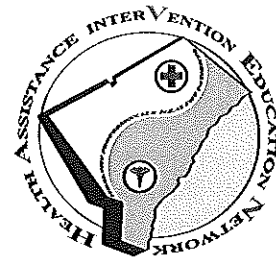


HAVEN

Health Assistance InterVention Education Network



Legislative Testimony
Joint Committee on Insurance and Real Estate

Bill No. 5259

An Act Expanding Health Insurance Coverage for Treatment of Mental or Nervous Conditions

Senator Crisco, Representative Megna, Senator Hartley, Representative Zoni, Senator Kelly, Representative Sampson and members of the Joint Committee on Insurance and Real Estate, my name is Maureen Sullivan Dinnan. I am the executive director of the Health Assistance interVention Education Network for Connecticut Health Professionals, which was created in 2007 following the passage of Connecticut General Statute Section 19a-12a. HAVEN is the assistance program for healthcare professionals facing the challenges of physical illness, mental illness, chemical dependence, or emotional disorder. I thank you for the opportunity to present this written testimony in support of Bill No. 5259, An Act Expanding Health Insurance Coverage for Treatment of Mental or Nervous Conditions.

In 2014, HAVEN provided support and direction into treatment to more than 370 professionals. Our nurses, physicians, veterinarians, dentists, and allied health professionals suffer from mental health and nervous conditions at the same rate as the general population. This means that 6.7% suffer from major depression which is the leading cause of disability in the United States for individuals ages 15 to 44; 2.6% suffer from bipolar disorder with a median age of onset of 25; and anxiety affects about 19 million adult Americans. Suicide for healthcare professionals exceeds that of the general population, with female physicians four times more likely than male counterparts to suicide. For HAVEN and the people of the State of Connecticut, this Bill is a matter of life and death.

We struggle every day to find mental health resources for suffering professionals. These men and women have health insurance, but too often the insurance company will deny recommended treatment claiming the benefits are not provided or the recommended level of care does not meet medical necessity criteria within the policy. Insurance companies regularly directly or indirectly override the recommendations of the provider who has the provider-patient relationship with the insured. If insurance coverage is not available, the patient typically cannot afford to follow his or her provider's recommendations. Patients in the State of Connecticut are making mental health decisions based on fiscal realities and not medical need.

Although we are not a crisis program, HAVEN helps professionals who often are in crisis. When I am fortunate enough to find an available bed, the insurance company will deny on the basis that the facility is not within the provider network. I have had professionals in manic or depressed phases and treatment providers have said the

professional will not be safe at home and the insurance company has refused to authorize admission for residential treatment due to “not within our network.” Yet, the facilities within network had no available bed. These professionals often do not have the financial ability to pay out-of-pocket. Families are already stressed emotionally and fiscally. Persons and families with mental health and nervous conditions often cannot endure an insurance appeal and the appeal is simply too late. The same problem arises when we are trying to help the professional establish outpatient therapy. This bill will make mental health care accessible by allowing for treatment by a provider an insured chooses.

Provisions to mandate coverage for long term care is essential. Currently, if we are fortunate enough for the insurance company to agree to in-patient or residential treatment and the facility is within network, the insurance company will review the benefit daily or every three to four days. For a person with depression or anxiety this adds to his or her feeling of hopelessness. It interferes with the ability to embrace and engage in needed treatment, because he or she believes she will not be allowed to stay. It also results in too many premature discharges. As a society we cannot be surprised or disappointed when the condition quickly destabilizes upon return to an environment that they are not equipped to manage.

HAVEN would like the bill to include language that decisions on the medical necessity for mental health treatment and level of care are to be made by the treatment provider and may not be over ridden by an insurance reviewer. This bill will be rendered meaningless if the insurance companies may write policies claiming to provide mental health coverage, yet make application of the benefits so challenging that essentially there are no available benefits.

This bill will help us combat denial of the disease. For example, a young nurse was referred to HAVEN for undiagnosed bipolar disorder. She had little insight as she was without treatment. Her family desperately wanted her to access treatment. After we worked with her and she agreed to care which was residential treatment ordered by a board certified psychiatrist, the insurance company denied coverage. This poor sick young woman responded, “See, I am not that sick. The insurance company agrees with me.” She lost her job and almost lost her life before she would again access mental health care-- this time through an emergency room.

HAVEN would also like the public record to reflect that mental health or nervous conditions include substance use disorders. Substance use disorder is a mental illness which takes a tremendous toll on the individual, their family, and society. It is accepted that 10 to 15 % of the population will suffer from substance use disorders.

One of the many barriers to mental health care for substance use disorders as with other mental health conditions is accessibility. As with other mental health disorders, for professionals battling substance use disorders, we are continually challenged to find resources. This bill will help patients and providers work together for health and wellness. Effective coverage for long term care is essential. At the current time, an individual must fail the lowest level of care before an insurance company will consider providing coverage at the level determined to be medically necessary by the treatment provider. We must be able to provide the level of care required to treat the disease. This

cannot be seen as 2 to 5 days for detoxification or 6 sessions with a therapist.

HAVEN also asks that the committee clarify that “long-term hospitalization” includes residential treatment programs. Often 28 to 90 day treatment programs are necessary to interrupt the disease process and enable the individual to recover. Such long term programs are evidence based and provide the greater likelihood of improved ability to be successful in ongoing treatment. The Insurer may claim that long-term residential treatment is covered. Yet, insurance companies often avoid providing benefits for such programs on the ground that residential program is not “individualized,” because there is an established timeframe and established treatment protocols to be accomplished during that time frame. The Anthem Behavioral Health Plan denies coverage for highly successful treatment programs by writing into the criteria for coverage under the policy terms: “The treatment is individualized and not determined by a programmatic timeframe. It is expected that Covered Individuals will be prepared to receive the majority of their rehabilitation in a community setting.” In response to a request for coverage, the Company claims the 28 day program is not “individualized” because of the established time frame which is based on objectives determined for treatment. It is that progression and education in the treatment program which makes the treatment much more likely to be effective. In addition, the Company is apparently considering that majority of rehabilitation is to be calculated within the timeframe of the yearly insurance policy, despite the fact that the person is battling a chronic, noncurable condition. The majority of the patient’s rehabilitation is over the course of their life and so, the majority will most likely be community based. However, within a policy year the majority of treatment may need to be noncommunity based. This is a determination that should be based on the individual’s present need and the provider’s medical knowledge and expertise.

HAVEN would welcome the opportunity to collaborate to ensure this bill accomplishes its important mission: to make mental health treatment available and to give individuals in the State of Connecticut a voice in their treatment plan. I would like to again thank the Committee for allowing me to submit testimony on behalf of HAVEN, the health assistance program for Connecticut health professionals. Should you have any questions we would be happy to make ourselves available at your convenience.

Respectfully submitted:

A handwritten signature in black ink, appearing to read 'Maureen Sullivan Dinnan', written in a cursive style.

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